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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                        | Docket Number (Optional)<br>1254-0294PUS1 |
|---|------------------------|---|
| Application Number  | 10/551,148-Conf. #4166 | Filed September 29, 2005                  |
| For SAMPLE ANALYZING METHOD AND SAMPLE ANALYZING PROGRAM  |                        |   |
| Art Unit  | 1797                   | Examiner J. M. Hurst                      |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                        |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                        |   |
|   | Fee                    | Small Entity Fee                          |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130                  | \$ 130.00                                 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490                  | \$ 245                                    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                 | \$555                                     |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                 | \$865                                     |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                 | \$1175                                    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input type="checkbox"/> A check in the amount of the fee is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .<br><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                        |   |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>40,069</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                        |   |
| <br>Signature  |                        | <u>FEB 16 2010</u><br>Date                |
| MaryAnne Armstrong<br>Typed or printed name   |                        | <u>(703) 205-8000</u><br>Telephone Number |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>  |                        |   |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                        |   |